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Attorney Docket No. UTILITY PATENT APPLICATION **TRANSMITTAL**

First Inventor or Application Identifier Jason C. Birnholz Lubricant with Silicone Polymers

Chiy for new h	nonprovisional applications under 37 C.F.R. § 1.53(b)) EXP	DIESS MAII LADEI NO.				
See MPEP chi	PPLICATION ELEMENTS apter 600 concerning utility patent application contents.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC, 20231				
1. X 'F (SU (SU (SP) (PP) (PP) (PP) (PP) (PP) (PP) (PP)	Fee Transmittal Form (e.g., PTO/SB/17) ubmit an original and a duplicate for fee processing) Pecification [Total Pages] 7] Period arrangement set forth below) Period arrangement set forth below) Pecification Pecification Pecification	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. X Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. X Return Receipt Postcard (MPEP 503) (Should be specifically iternized) 13. Statement(s) Statement filed in prior application (PTO/SB09-12) Certified Copy of Priority Document(s) (if foreign priority is claimed)				
15. Other: NOTE FOR ITEMS 1 13: IN ORDER TO BE ENTITY OPAY SMALL ENTITY FRES. A SMALL ENTITY STATEMENT IS REQUIRED OF C.F.R. \$ 1.20, EXCEPT If ONE FILED IN A PRIOR APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation						
	17. CORRESPON	والمراجع				
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)						
Name	Charles E. Temko					
Address 22 Marion Road						
City	11	CT 70 Code 06880				
Country	U.S. State	CT Zio Code 06880 (203) 227-/368 Fax (203) 227-5429				
Name (PrintType) Charles E. Temko Registration No. (Attorney/Agent) 17,286						
Signature	· Chestet strule	Date 10/23/50				

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FEE TRANSMITTAL		Con	Complete If Known		
I LL IIVAIIO		Application Number			
for FY 1	999	Filing Date			
Patent fees are subject to as	nnual revision.	First Named Inventor	Jason C. Birnholz		
Small Entity payments <u>must</u> be supported otherwise isrge entity fees must be paid.	by a small entity stateme See Forms PTOISBI09-1	nd. 2. Examiner Name			
See 37 C.F.R. §§ 1.27 and 1.28.		Group / Art Unit	· · · · · · · · · · · · · · · · · · ·		
TOTAL AMOUNT OF PAYMENT	(\$) 3 % .00	Attorney Docket No.	28,441-A		
METHOD OF PAYMENT (check one)		FEE CA	FEE CALCULATION (continued)		
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METHOD OF PAYMENT (check one)							
1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	3. ADDITIONAL FEES Large Entity Small Entity						
Deposit	Fee Fee Fee Fee Fee Description Fee Pa	ld					
Account 20-0435	105 130 205 65 Surcharge - late filing fee or cath	\neg					
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2. X Payment Enclosed: K Check Money Other	113 .1,840" 113 1,840" Requesting publication of SIR after Examiner action	\neg					
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FEE CALCULATION	116. 380 216 190 Extension for reply within second month						
1. BASIC FILING FEE	117 870 217 435 Extension for reply within third month						
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101 760 201, 380 Utility filling fee 375, 106 310 206 155 Design filling fee	119 300 219 150 Notice of Appeal						
107 480 207 240 Plant filing fee	120 300 220 150 Filing a brief in support of an appeal	┥					
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114 150 214 75 Provisional filing fee	138 1,510 136 1,510	\dashv					
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2. EXTRA CLAIM FEES	142 1,210 242 605 Utility issue fee (or reissue)	\neg					
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Large Entity Small Entity Fee Fee Fee Fee Fee Description	581 40 581 40 Recording each patent assignment per	\dashv					
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103 18 203 9 Claims in excess of 20	146 760 246 380 Filing a submission after final rejection (37 CFR § 1.129(a))	1					
102 78 202 39 Independent claims in excess of 3	149 760 249 380 For each additional invention to be	\dashv					
104 260 204 130 Multiple dependent claim, if not paid	examined (37 CFR § 1.129(b))						
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)						
110 18 210 9 ** Reissue claims in excess of 20 and over original patent Other fee (specify)							
SUBTOTAL (2) (\$) Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)							
SUBMITTED BY Complete (if applicable)							
Name (Print Type) Charles E. Temko	Registration No. 17,286 Telephone (203) 227-736	8					
Signature Man 1. T. Tunk	Date 10/23/63						

SUBMITTED BY			Complete (if applicable)	
Name (Print Type)	Charles E. Temko	Registration No. 17,286	Telephone	(203) 227-7368
Signature	Bruht Temb		Date	10/23/63

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